PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/671,783 TRANSMITTAL Filing Date September 27, 2000 First Named Inventor **FORM** JEAN-PIERRE LARDY, et al. Art Unit 3627 Examiner Name Elaine L. Gort (to be used for all correspondence after initial filing)

Attorney Docket Number

36287-00900

Tota	l Number of	Pages in This Submission			36287-00	900							
ENCLOSURES (Check all that and the													
ENCLOSURES (Check all that apply)													
✓	Fee Trans	smittal Form		Drawing(s)			After Allowance Communication to TC						
	✓ Fe	ee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences						
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks Sent by Express Mail Label No. EL 968233714 U			the a Time Rec	Transmittal Form; Fee Transmittal; Check in the amount of \$120; Petition for Extension of Time (1 month); Amendment; & Return Receipt Postcard.						
		SIGNA	TURE	OF APPLICANT, ATT	ORNEY, (OR AG	ENT						
Firm Na	Firm Name Milbank, Tweed, Madley & McCloy LLP												
Signature													
Printed name Chris L. Holm, Esq.													
Date		July 21, 2005		Reg. No.	39,22	7							
CERTIFICATE OF TRANSMISSION/MAILING													
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Foi	r FY 20	05		First Named Inventor		JEAN-PIERRE LARDY, et al.							
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Applicant claims small	.,	Art Unit	3627										
TOTAL AMOUNT OF PAY		Attorney Docket No. 36287			7-00900								
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
Deposit Account D	eposit Account	Number: <u>13-325</u>	0	Deposit A	ccount Na	me: Milba	nk, Twe	ed					
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FEE CALCULATION													
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Utility	300	150	500	250	200	10	0						
Design	200	100	100	50	130	6	5						
Plant	200	100	300	150	160	8	0	<u></u>					
Reissue	300	150	500	250	600	30	0						
Provisional	200	100	0	0	0		0						
2. EXCESS CLAIM FEE	S					_		Small Entity					
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3. APPLICATION SIZE I		paid for, it greater tr	ian J.										
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)													
Other (e.g., late filing surcharge): Extension of Time for 1 month													
SUBMITTED BY	# #	///											
Signature	1 Ch 1			Registration No.	39 227		Telephone	e 212-530-5000					
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Name (Print/Type) Chris L. Holm, Esq.

Date July 21, 2005